



STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene
201 W. Preston Street • Baltimore, Maryland 21201

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – John M. Colmers, Secretary

April 13, 2009

Dear WIC Vendor:

A WIC Vendor Advisory Committee Meeting will be held on Monday, April 27, 2009 from 11:30 a.m. to 2:00 p.m. (Eastern Standard). The purpose of the WIC Vendor Advisory Committee Meeting is to offer WIC Vendors the opportunity to provide input and feedback as policies and procedures affecting WIC vendors are being formulated. An agenda of topics to be covered is attached. The WIC Vendor Advisory Committee Meeting will be held at:

DHMH Office of the Maryland WIC Program
201 W. Preston Street
Conference Room 100
Baltimore, MD 21201

Photo identification is required for building entry.

If you are interested in participating in the WIC Vendor Advisory Committee Meeting, please complete the attached registration form and return it **no later than April 24, 2009**. We are also making access available via Verizon Teleconference Services. Toll-free Teleconference access information is provided below:

Caller Dial in Number: 410-549-4411
Participant Code: **4447#**

***Do not call from a cell phone as this causes interference.
When dialing into the conference, if you receive a busy signal, please redial.***

A copy of the Presentation will also be available at www.mdwic.org. For questions or concerns you may contact or James A. Butler at 410-767-5258. You may also call toll-free at 1-800-242-4WIC (4942). Thank you in advance for your interest and participation.

Sincerely,

Deborah L. Morgan, Acting Director
Office of the Maryland WIC Program

Attachments

2009 Vendor Advisory Committee Agenda

- ☐ Welcome
- ☐ New WIC Food Packages
- ☐ Fruit and Vegetable Checks
- ☐ New Minimum Stock Requirements
- ☐ Updated Vendor Materials
- ☐ Questions and Answers

**APRIL 2009 VENDOR ADVISORY COMMITTEE MEETING
REGISTRATION FORM**

Store or Vendor T/A Name (please include store #): _____

WIC Vendor I.D. # : _____ (if you are a corporate contact, leave blank)

Name of Person Completing Form: _____

Phone Number: _____

Number of Persons Attending: _____

☐ I would like to participate via Teleconference.

Please submit your registration form no later than April 24, 2008.

Please mail this registration form to:

MD Department of Health and Mental Hygiene
Office of the Maryland WIC Program
201 West Preston Street, Room 103
Baltimore, MD 21201

Email registration: butlerj@dhmh.state.md.us

You may also fax it to: 410-333-5683

If you have any questions or require additional information, please call 410-767-5258, or call toll free 1-800-242-4WIC (4942)